

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, October 21, 2009 at the hour of 12:00 P.M. at John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Acting Chairman Muñoz called the meeting to order at 12:10 P.M., however a quorum was not present at that time, so the Committee received information until a quorum was present. A quorum was reached when Chairman Ansell arrived and resumed the Chair at approximately 12:35 P.M. The Committee proceeded to take action on the items presented.

Present: Chairman David Ansell, MD, MPH and Director Luis Muñoz, MD, MPH (2)

Mary Driscoll and Pat Merryweather (Non-Director Members)

Absent: Director Hon. Jerry Butler (1)

Additional attendees and/or presenters were:

Angela Butler  
Patrick T. Driscoll, Jr.

William T. Foley  
David Goldberg, MD

Avery Hart, MD

Anwer Hussain, DO, FAAEM

Randolph Johnston

Sue Klein

Maurice Lemon, MD, MPH

Charlene Luchsinger

Roz Lennon

Enrique Martinez, MD

John Raba, MD

Elizabeth Reidy

Deborah Santana

Jeffrey Schaidler, MD

Anthony J. Tedeschi, MD,

MPH, MBA

## **II. Public Speakers**

Acting Chairman Muñoz asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speakers:

- |                        |  |
|------------------------|--|
| 1. Brenda Langford, RN | Employee, Oak Forest Hospital of Cook County           |
| 2. Dorothy Ahmad, RN   | Employee, John H. Stroger, Jr. Hospital of Cook County |
| 3. Marla Baggie, RN    | Employee, John H. Stroger, Jr. Hospital of Cook County |

## **III. Committee Report**

### **A. Minutes of the Quality and Patient Safety Committee Meeting, September 22, 2009**

Director Muñoz, seconded by Chairman Ansell, moved to accept the minutes of the Quality and Patient Safety Committee Meeting of September 22, 2009. THE MOTION CARRIED UNANIMOUSLY.

## **IV. Recommendations, Discussion/Information Items**

### **A. Quarterly quality report from Oak Forest Hospital of Cook County**

Angela Butler and Dr. Anwer Hussain presented the quarterly quality report from Oak Forest Hospital of Cook County (Attachment #1). The Committee reviewed and discussed the information.

### **B. Update on mock Joint Commission survey of John H. Stroger, Jr. Hospital of Cook County**

See Item VI(E). This item was discussed in closed session.

**IV. Recommendations, Discussion/Information Items (continued)**

**C. Miscellaneous**

Chairman Ansell stated that the following items should be on the next Committee agenda:

1. Update on System Quality Structure
2. Annual Performance Improvement Plans
3. Update on Hospital-Acquired Events

**V. Action Items**

**A. Any items listed under Sections III, IV and VI**

**VI. Closed Session Discussion/Information Items**

**A. Update on status of preparations for Cermak re-accreditation**

**B. Reports from the Medical Staff Executive Committees**

- i. Oak Forest Hospital of Cook County
- ii. Provident Hospital of Cook County
- iii. John H. Stroger, Jr. Hospital of Cook County

**C. Medical Staff Appointments/Re-appointments/Changes (Attachment #2)**

**D. Reports on the following:**

- i. Sentinel events or near misses
- ii. Patient grievance reports
- iii. "Never" events
- iv. Recent regulatory visits

**E. Update on mock Joint Commission survey of John H. Stroger, Jr. Hospital of Cook County**

Director Muñoz, seconded by Chairman Ansell, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(17), which permits closed meetings for consideration of "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body," and 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting." THE MOTION CARRIED UNANIMOUSLY.

Chairman Ansell declared that the closed session was adjourned. The Committee reconvened into open session.

Director Muñoz, seconded by Chairman Ansell, moved to approve the Medical Staff Appointments/Re-appointments/Changes (Attachment #2). THE MOTION CARRIED UNANIMOUSLY.

**VII. Adjourn**

Director Muñoz, seconded by Chairman Ansell, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY and the meeting adjourned.

Respectfully submitted,  
Quality and Patient Safety Committee of the  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
David Ansell, MD, MPH, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Cook County Health and Hospitals System  
Minutes of the Quality and Patient Safety Committee Meeting  
October 21, 2009

ATTACHMENT #1



**Report to the  
Cook County Health and Hospitals System  
Quality and Patient Safety Committee  
October 21, 2009**

# Oak Forest Hospital Report Content

- Joint Commission Regulatory Survey Update
- Quality and Performance Improvement
  - Patient Safety Report
    - Medication errors
    - Occurrences
    - Hand Hygiene
  - Culture of Safety Results
  - Patient Satisfaction/Grievances Report
    - HCAHPS Results
    - Response Rates
    - Patient Grievance Report
- Departmental Reports
  - Rehab
  - Emergency
  - Nursing



# Regulatory and Continuous Readiness Update



# March 2009 TJC Survey Update

- Full accreditation March 2009 with Requirements for Improvement in Lab and Hospital Survey
- Measures of Success (MOS) submitted and, were accepted and approved
  - Lab 8/09
  - Hospital 9/09
- Ongoing survey readiness meetings to resume with team leaders for each functional chapter – October 2009
- Continuous surveillance of the Environment and Life Safety
- Need to appoint Patient Care Tracer Teams
- Next PPR due March 2010





# Oak Forest Hospital

## Measure of Success (MOS) Report to the Joint Commission

### September 2009

<p><b>CAMH Standard: EC.02.03.05 (EP6)</b></p> <p><b>JC Finding:</b> During the period of January through December 2008, it was noted that the hospital did not record the engine running time for the weekly electric fire pump located in the E Building. A staff person reported that the fire pump is tested for a total of 5 minutes weekly.</p> <p><b>Action:</b> Weekly fire pump testing is conducted by a Public Safety Officer and witnessed by an Electrician, Plumber and Heating &amp; Operating staff person. Results and actual running time (Start/Stop Times) of each test is documented immediately after each test. Weekly testing is verified through sign-off by the Associate Administrator of Physical Plant Services.</p> <p><b>MOS Results:</b> Jun 100%, Jul 100%, Aug 100%, Sep 100%</p>	<p><b>CAMH Standard: EC.02.06.01 (EP1)</b></p> <p><b>JC Finding:</b> Interior space in the E.R. does not meet the needs of the patient's. Triage Room # 2 crowded with pieces of medical equipment and chairs. Numerous patients receiving care in the hallway - both on stretchers and in chairs.</p> <p><b>Action:</b> Additional reconstructed emergency service area has recently opened increasing capacity. All unnecessary furniture and other material has been removed from the patient care areas. Daily monitoring of patient care areas is completed by the Nurse Manager, Division Director or the Clinical Nurse Specialist. Inspection results are documented and forwarded to the Emergency Room Nurse Manager. All inspection reports are reviewed at the Nursing Leadership Meetings, Emergency Room Nursing Staff Meetings and Emergency Room Physician Meetings to ensure compliance.</p> <p><b>MOS Results:</b> Jun 93%, Jul 94%, Aug 97%, Sep 98%</p>
<p><b>CAMH Standard: MM.03.01.01 (EP4)</b></p> <p><b>JC Finding:</b> There was no distinct policy addressing the safe storage, handling, security and final disposition of the controlled substance inventories between acquisition from the Operating Room medication distribution system and the subsequent administration over a variable period of time.</p> <p><b>Action:</b> Copies of anesthesia records are reviewed on a daily basis by the Pharmacist. The Pharmacist runs a report from Pyxis which documents all medication waste along with the name of the witness to the actual waste. The Pyxis record is compared to the anesthesia record to verify that the person actually witnessing the proper disposal of the waste, per the anesthesia record, is the same person witnessing per the Pyxis report. Any noted discrepancies are referred to the Anesthesiologist for review and follow-up as necessary.</p> <p><b>MOS Results:</b> Jun 100%, Jul 100%, Aug 100%, Sep 100%</p>	<p><b>CAMH Standard: NPSG.07.01.01</b></p> <p><b>JC Finding:</b> Observed in the Operating Room Holding area that a caregiver did not clean her hands prior to direct patient contact during the process of assisting a patient's transfer to the Operating Room. Similarly, another caregiver was observed not to clean her hands prior to direct patient contact during the same episode of care. There were no available alcohol hand cleansing devices in the Operating Room Holding area.</p> <p><b>Action:</b> Alcohol hand cleansing devices have been installed in the Operating Room holding area. All other areas of the hospital have been inspected and proper infection control dispensers have been installed where appropriate. A Direct Observation Auditing Tool, which is completed by the Circulating Nurse, was instituted to address the use of alcohol gel and whether the healthcare worker properly used the proper hand hygiene procedures before and after each patient contact. Results are documented and reviewed with staff and at Nursing Leadership and Hospital Infection Control Committee meetings.</p> <p><b>MOS Results:</b> Jun 98%, Jul 98%, Aug 98%, Sep 99%</p>

# Oak Forest Hospital

## Measure of Success (MOS) Report to the Joint Commission

### September 2009

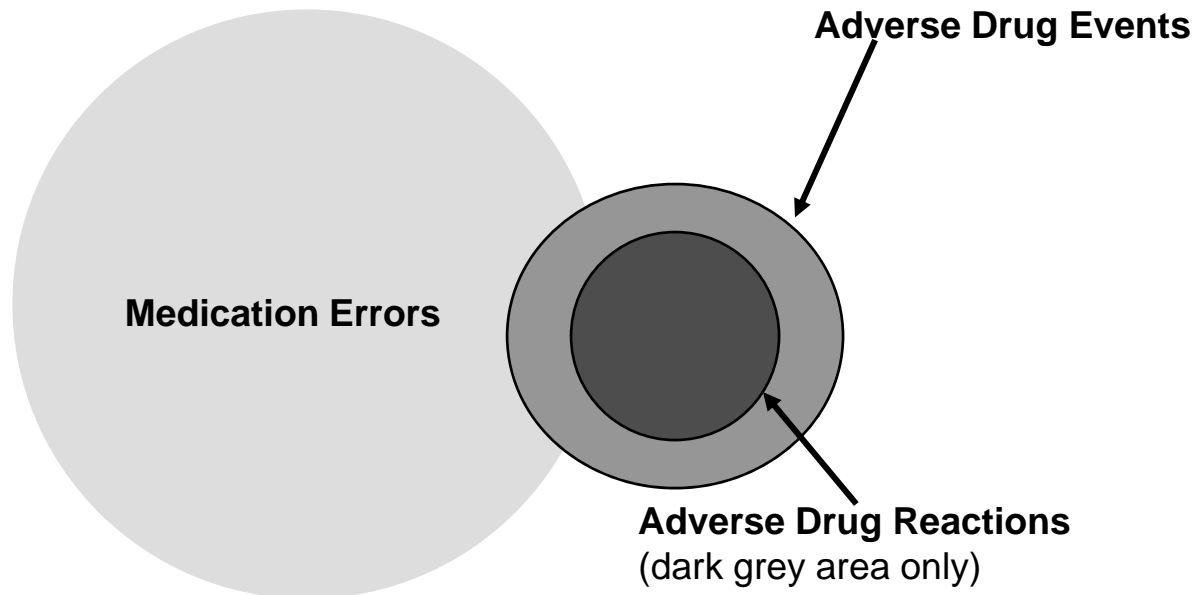
<p><b>CAMH Standard: UP.01.03.01 (EP5)</b></p> <p><b>JC Finding:</b> Observed that during the final verification "time out" procedure, the correct patient identity had not been verified per hospital requirement. The patient's name was the sole element used. The hospital's policy requires the use of the medical record as the second identifier. The patient identification wrist band was under the surgical drapes and was not accessed to corroborate the required information.</p> <p><b>Action:</b> Dry erase boards were installed in the operating room to outline components of each team member's role in the time out process as well as the critical elements necessary for correct patient identification. The Direct Observation Form (completed by the Circulating Nurse) has been updated to include verification of whether team members identified the patient medical record number and name against the wristband and chart. Operating Room staff have been in-serviced on their individual roles in the time-out process.</p> <p><b>MOS Results:</b> Jun 100%, Jul 100%, Aug 100%, Sep 100%</p>	<p><b>CAMLAB Standard: QC.1.20 (EP7)</b></p> <p><b>JC Finding:</b> Observed in proficiency testing review that the proficiency testing was not satisfactory when it scored 0% for HDL Cholesterol on the third event of 2007; 60% for Chloride on the first event of 2007; 40% for Prothrombin time and Fibrinogen on the second event of 2008; 20% for Prothrombin time and 0% for Fibrinogen on the third event of 2008; 0% for Infectious Mononucleosis on the third event of 2008; and 0% for pH, 0% for pO2, and 0% for pCO2 on the second event of 2007.</p> <p><b>Action:</b> An online account was set up with the College of American Pathologists (CAP) for the E-Lab product. This allows the online entry of survey event results and the review of results by a second person. The Proficiency Testing Policy (#1105) was modified to contain expanded language regarding the requirements of proficiency testing. The Director of Clinical Laboratory maintains a data sheet on proficiency testing. The Data sheet lists every scheduled proficiency testing event including the shipping date to CAP, name and event, date results received by CAP, date report received by hospital, date of review and signature and data noting event success or failure. The Director of Clinical Laboratory reviews all results. If there is a failure rate of two consecutive tests or 2 out of three failures in a similar proficiency set, the results are reported to the Joint Commission. The Joint Commission requires attaining a score of at least 80% for all specialties, subspecialties or tests, except ABO group and D (RHO) typing and compatibility testing.</p> <p><b>MOS Results:</b> May 99%, Jun 100%, Jul 96%, Aug 96%</p>
<p><b>CAMLAB Standard: QC.7.10 (EP4)</b></p> <p><b>JC Finding:</b> Observed in Hematology, during April 2008, the laboratory did not run one level of control in the open mode each eight hours of patient testing. During January and February 2009, the laboratory did not test one level of control for every eight hours of patient testing in the open mode. The laboratory tested a normal patient sample and an abnormal patient sample in the open and closed modes of the Coulter Gen S and LH500 once each day on the first shift. The laboratory did not have a process to perform at least one patient control each eight hours of patient testing. Noted discrepancies require that the controls are checked and rerun or new controls are used and the calibration is checked. If discrepancies continue to occur, service is obtained.</p> <p><b>Action:</b> The Hematology Quality Control Policy and Procedure was revised to include the requirement that at least one level of control will be run in both the open and closed mode for every eight hours of patient testing. The level of precision for the two modes is documented and evaluated daily by the Supervisor of Blood Bank and Hematology.</p> <p><b>MOS Results:</b> May 100%, Jun 100%, Jul 100%, Aug 100%</p>	<p><b>CAMLAB Standard: QC.7.10 (EP6)</b></p> <p><b>JC Finding:</b> Observed in tracer activity that a patient had a body fluid cell count that was tested in duplicate on a hemocytometer but no control was run within eight hours of testing. A tracer patient had a CSF fluid cell count that was tested in duplicate on a hemocytometer but no control was run within eight hours of testing. A tracer patient had a peritoneal fluid cell count that was tested in duplicate on a hemocytometer but no control was run within eight hours of testing. The laboratory did not have controls available for manual cell counts performed on the hemocytometer.</p> <p><b>Action:</b> The Body Fluid Cell count Policy and Procedure has been revised to include the use of commercial control material for the quality control of manual cell counts performed on the hemocytometer. All Medical Technologists and Medical Laboratory Technicians were trained on the policy revision and on the use of the commercial control material. The Supervisor of the Blood Bank and Hematology reviews the quality control results for precision and accuracy. Noted discrepancies require that the controls are redone for that specific cell count.</p> <p><b>MOS Results:</b> May 100%, Jun 100%, Jul 100%, Aug 100%</p>

# Oak Forest Hospital Performance Improvement

- Patient Safety
  - Medication Errors Reporting
  - Occurrence Reporting
  - Hand Hygiene
- AHRQ Culture of Safety Results



## Definitions & Benchmarking



Medication errors are more common than adverse drug events, but result in harm less than 1% of the time. About 25% of adverse drug events are due to medication errors.

*Nebecker et al. Ann Inter Med  
2004; 140:795-801*

### **What is an adverse drug event?**

An adverse drug event is "an injury resulting from the use of a drug. Under this definition, the term ADE includes harm caused by the drug (adverse drug reactions and overdoses) and harm from the use of the drug (including dose reductions and discontinuations of drug therapy)."

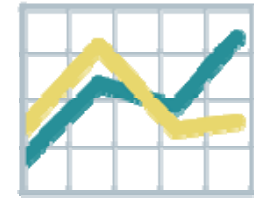
### **What is an adverse drug reaction (ADR)?**

An adverse drug reaction is a "response to a drug which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis, or therapy of disease or for the modification of physiologic function." Note that there is a casual link between a drug and an adverse drug reaction. In summary...an adverse drug reaction is harm directly caused by the drug at normal doses, during normal use.

### **What is a medication error?**

Medication errors are mishaps that occur during prescribing, transcribing, dispensing, administering, adherence, or monitoring a drug. Examples: misreading or miswriting a prescription

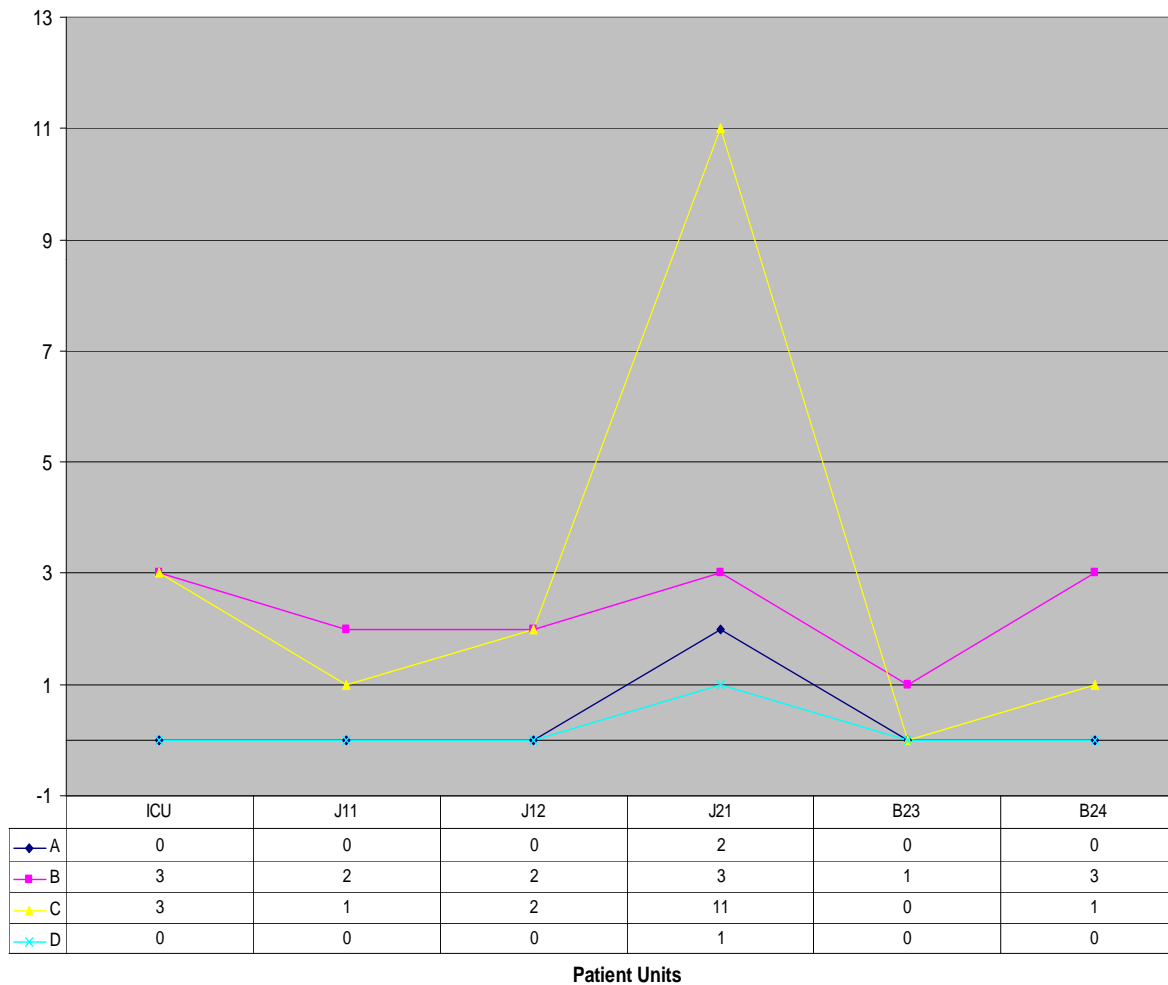
# Benchmark vs Actual Errors Reported



FY 2009	Total OFH Inpatient Orders	Total Per 1000 orders	Targeted Reporting @ 3% per 1000 orders	OFH Actual Med Errors Reported
Jan	17905	1790	53	8
Feb	15583	1558	46	8
Mar	18960	1896	56	0
Apr	17317	1731	51	7
May	17885	1788	53	2
Jun	17265	1726	52	4
Jul	17081	1708	51	3
Aug	13472	1347	40	1

- Institute of Medicine Report to Congress estimates overall medication error rate to be 3.13 errors for each 1,000 orders  
(IHI – calculating medication errors per total doses vs total orders)
- OFH results for medication error reporting is significantly under estimated averages

# OFH Results of Medication Errors Reported by Category



## MedMarx Error Categories

### No error:

*Category A:* Events that have the capacity to cause error

### Error/No Harm

*Category B:* Error occurred but did not reach the patient

*Category C:* Error occurred that reached the patient but did not cause patient harm

*Category D:* Error occurred that reached the patient and required monitoring to confirm that it caused no harm and/or required intervention to preclude harm

### Error/ Harm

*Category E:* Error occurred that may have contributed to or resulted in temporary harm to the patient and required intervention

Note:

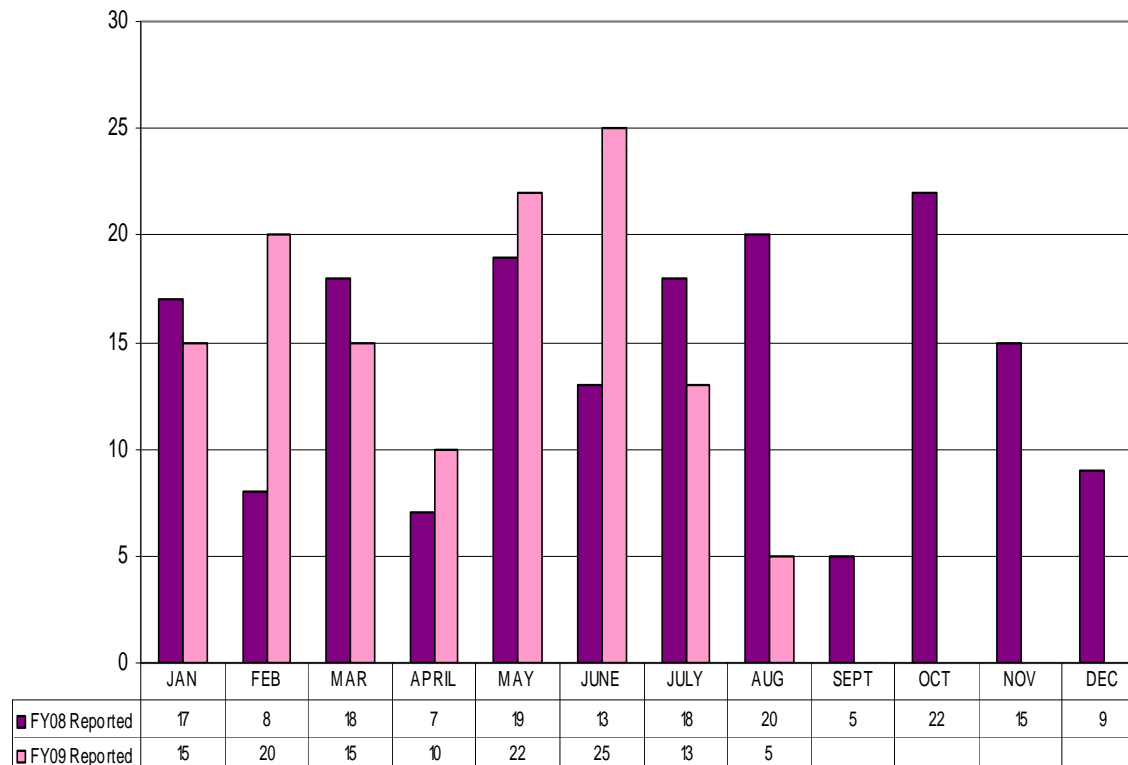
OFH does not have errors beyond Category D

# Goals to Increase Medication Error Reporting



- Focus on increasing the reporting of medication errors
- Planning in-service for clinical staff with emphasis on identifying and reporting a Near Miss, ADE, ADR, etc
- Revisit time frame for staff to submit medication error report (now 3 days)
- Focus on medication error trends vs. individual event. Report sent to Nurse and Medical Staff
- Document Pyxis errors found by Pharmacy on Medication Error Report

## Total Staff Reported Occurrences for FY2008 & FY2009



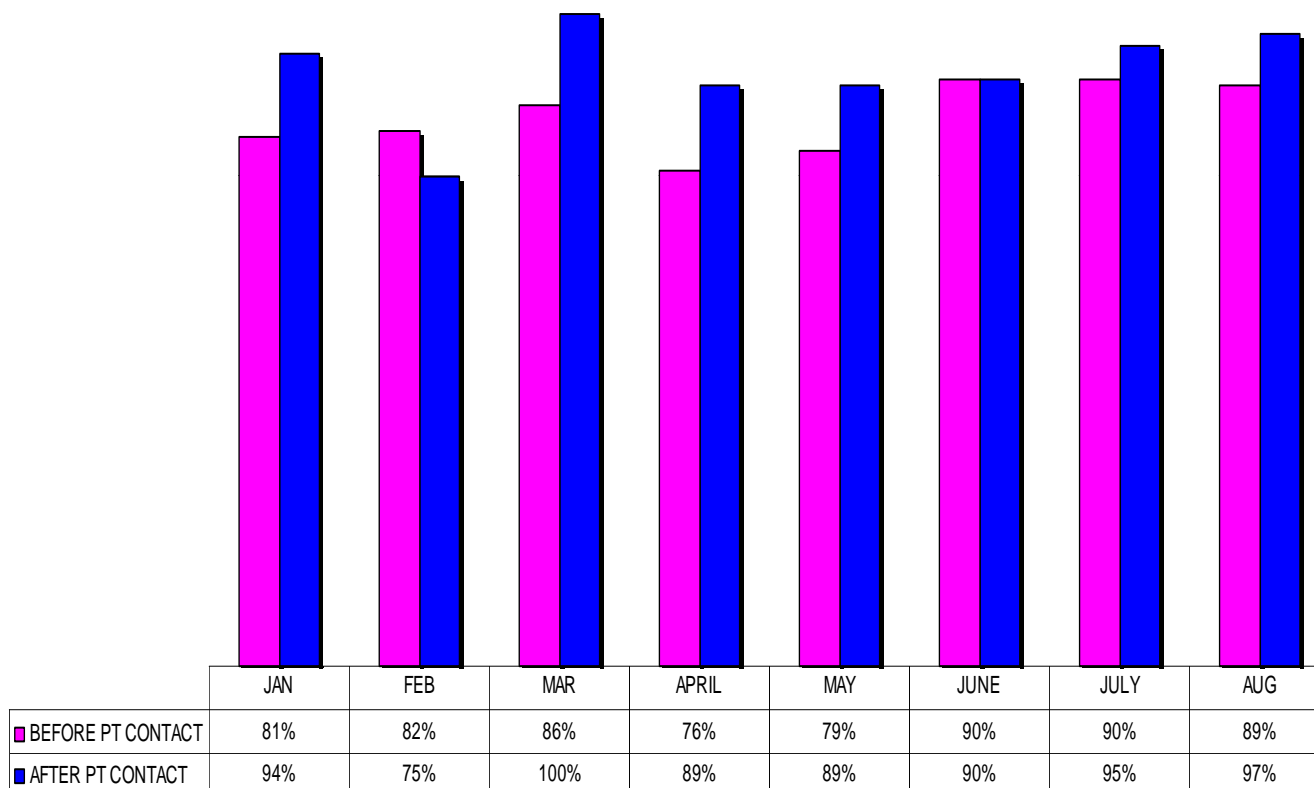
*Reviewing Occurrence Reporting process to ensure timely report submission, Review and Analysis, Trending and Results Sharing*



# OAK FOREST HOSPITAL

## “HAND HYGIENE”

### Staff Compliance FY 2009



#### Comments/Actions

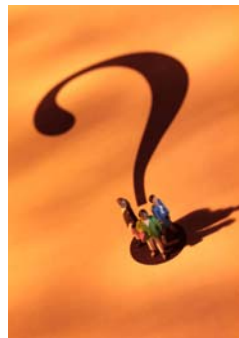
- Weekly random observations all units
- Any staff subject to monitoring
- Results reported to nursing medical, IC meeting
- Findings posted on unit
- Staff inserviced on MRSA / Hand Hygiene to increase compliance
- 100 add'l dispensers were placed throughout facility. Staff pleased with foam vs. gel (Gel tends to clog)

# AHRQ Culture of Safety Survey Results

February 2009 – project complete

June 2009 – results submitted

N – 277 respondents



# **AHRQ Culture of Safety Survey Results**

## **1. Staff feel like their mistakes are held against them**

Disagree: 34%

Agree: 44%

No opinion (Neither): 22%

## **2. It is just by chance that more serious mistakes don't happen**

Disagree: 49%

Agree: 31%

No Opinion (Neither): 20%

## **3. When an event is reported, it feels like the person is being written up versus the problem**

Disagree: 31%

Agree: 37%

No Opinion (Neither): 31%

## **4. Staff worry that mistakes they make are kept in their personnel file**

Disagree: 21%

Agree: 55%

No Opinion (Neither): 24%

## **5. Staff will freely speak up if they see something that may negatively affect patient care**

Never/Rarely: 14%

Sometimes: 12%

Most of time/Always: 74%

## **6. We are informed about errors that happen in this unit**

Never/Rarely: 10%

Sometimes: 13%

Most of time/Always: 78%

# Patient Satisfaction & Patient Grievances

- HCAHPS Results
  - 1<sup>st</sup> quarter 2008 thru 4<sup>th</sup> quarter 2008
  - January thru August 2009
- Survey Response Rates
  - General
  - Spanish
- Staff Awards
- Patient Grievances

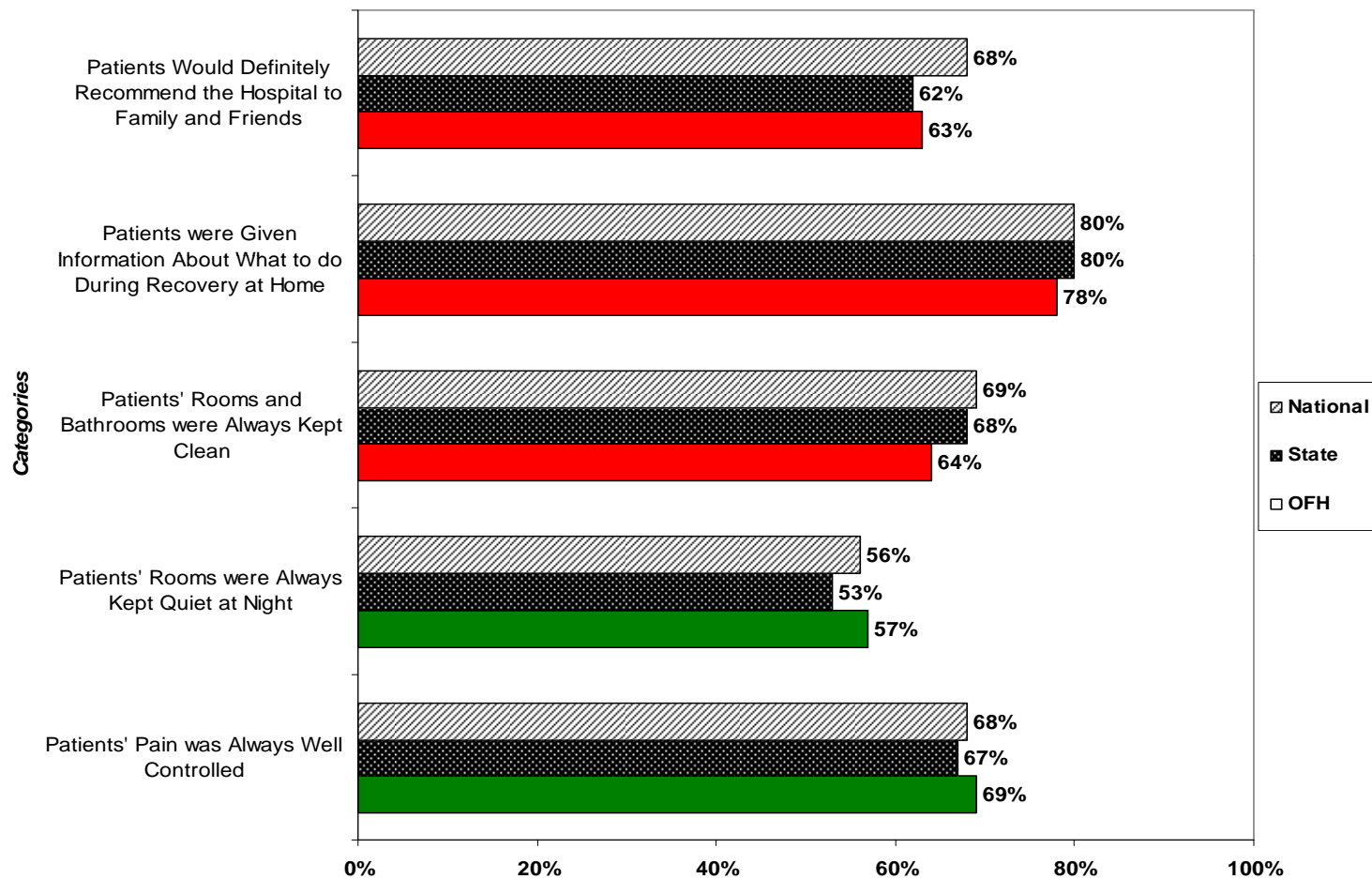


## Patient Satisfaction

- Press Ganey 2008 “**Compass Award**” presented to Oak Forest early 2009
- OFH continues to focus on:
  - Categories/questions that fall below the Nat’l Avg
  - Reducing survey undeliverables
  - Increasing response rates amongst all patient populations

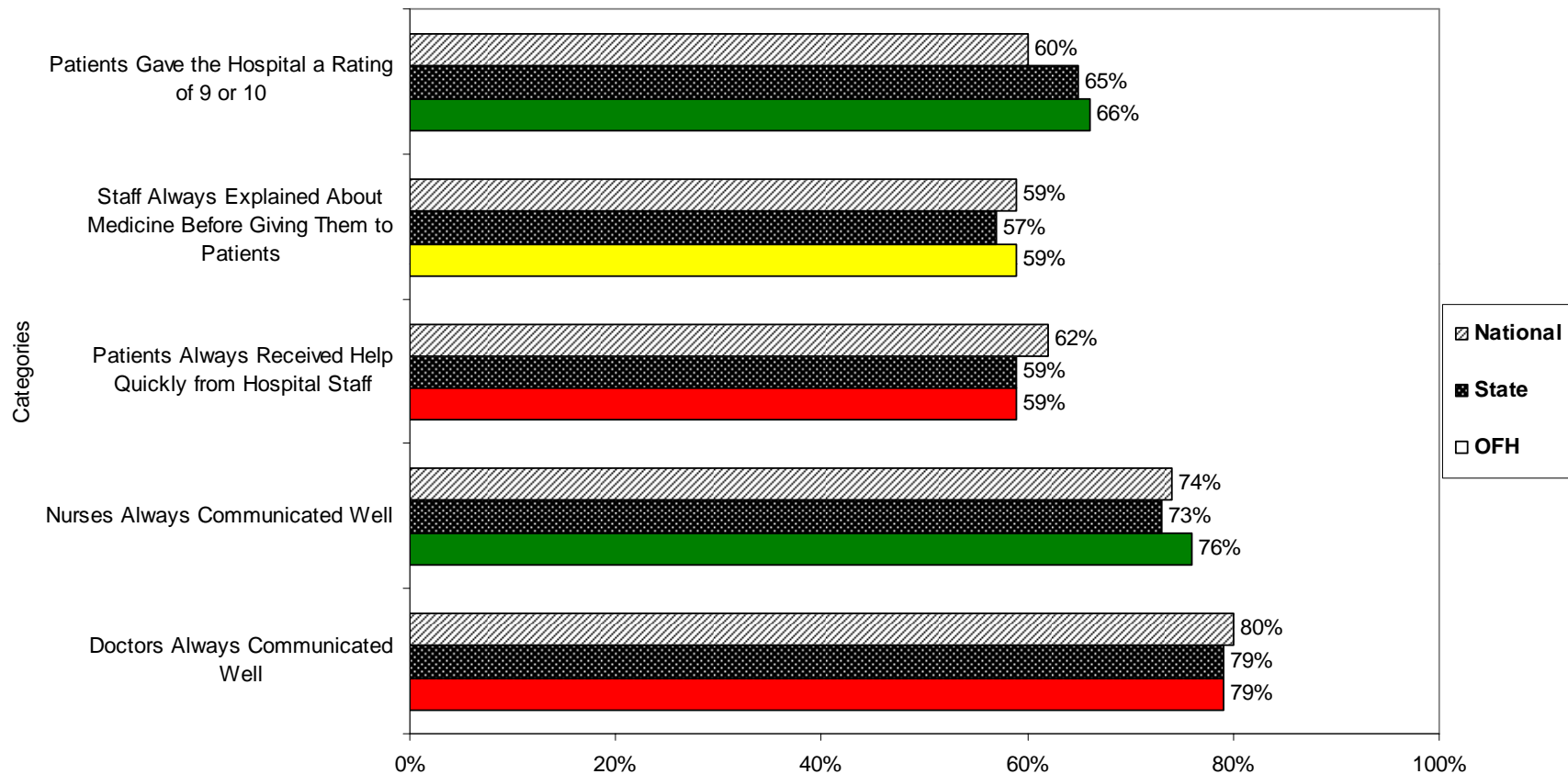
# Hospital Compare “HCAHPS” Results

## 1Q 2008 thru 4Q 2008



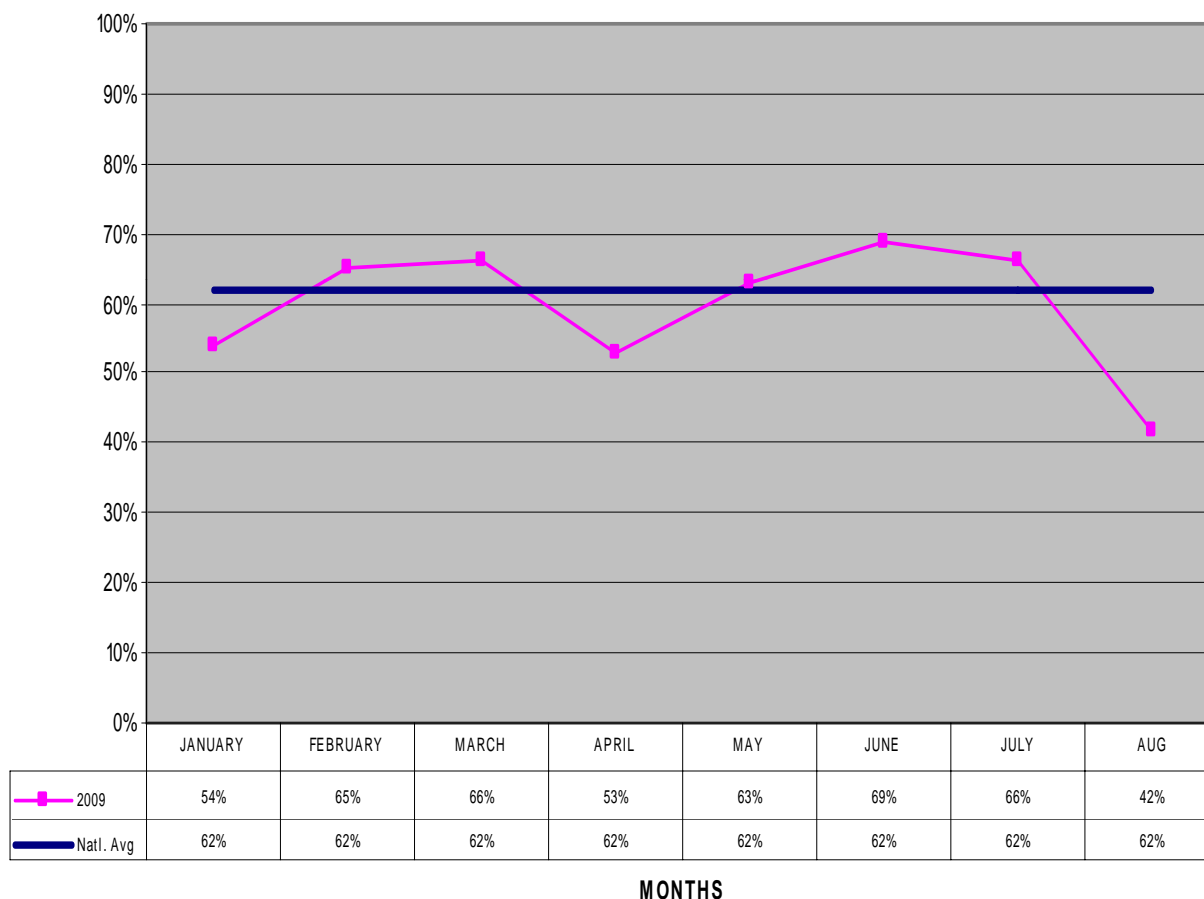
# Hospital Compare “HCAHPS” Results

## 1Q 2008 thru 4Q 2008



# Patients Always Received Help Quickly from Hospital Staff

January 2009 - August 2009



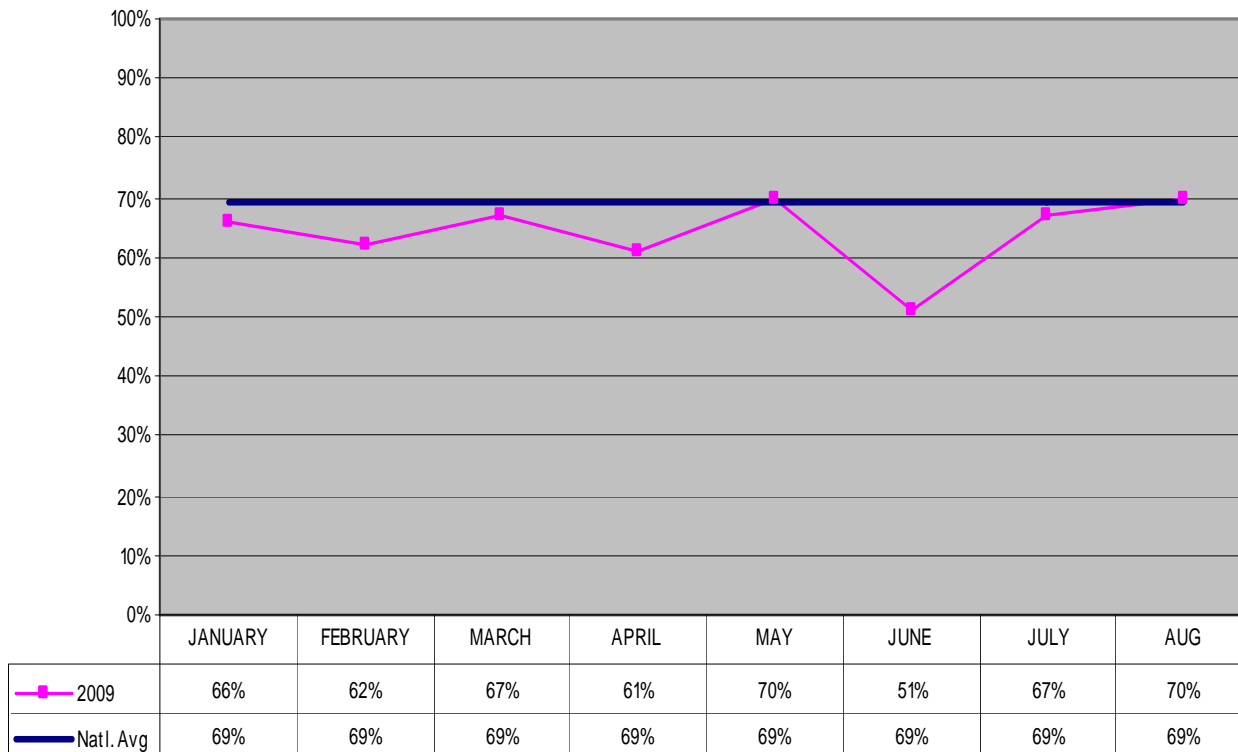
## Comments/Actions

- Clerk answers call light at station between 5 and 15 seconds during 7-3 shift.
- Call light is physically cancelled (in the room) within 5 minutes.
- Times vary slightly due to staffing during evening and night shifts*
- Nursing Leadership monitors units call lights, regularly
- Immediate review of any compliant or incident
- Information discussed with nursing staff.



# Patients' Rooms and Bathrooms were Always Kept Clean

January 2009 - August 2009

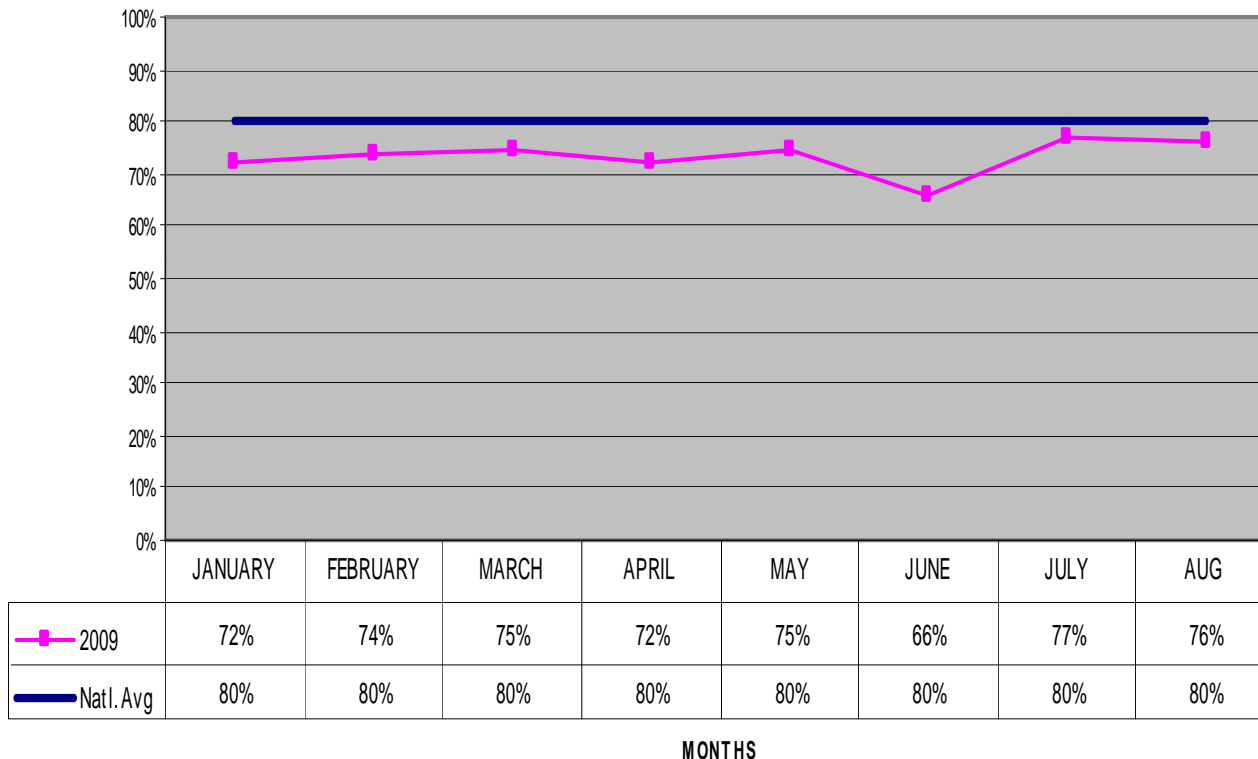
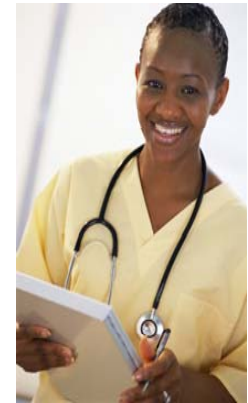


## Comments/Actions

- Rooms cleaned 3x daily
- Tents were placed at patient bedside to request additional cleaning...now larger posters are hung in all patient rooms
- Supervisors inspect cleaning and also introduce themselves to patients
- Problems may occur with patient transfers
- Review Press Ganey patient survey comments to identify any related issues?

# Patients Were Given Information About What to do During Recovery at Home?

January 2009 – August 2009

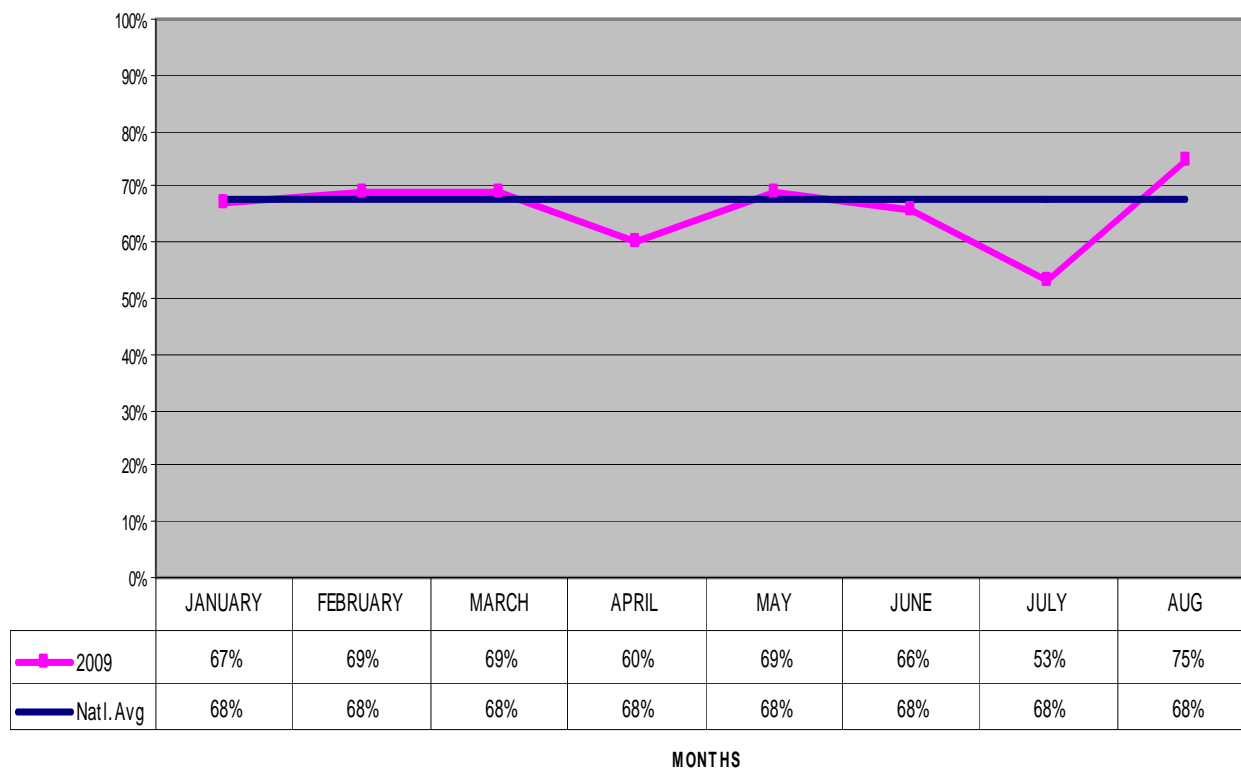


## Comments/Action

- CORE Measures data also reflects patients not getting info on discharge
- Review of patient comments did not disclose why patients feel they did not get instructions upon discharge
- Considering phone calls to patients to verify if info was given and what they remember

# Patients Would Definitely Recommend the Hospital to Family and Friends

January 2009 – August 2009

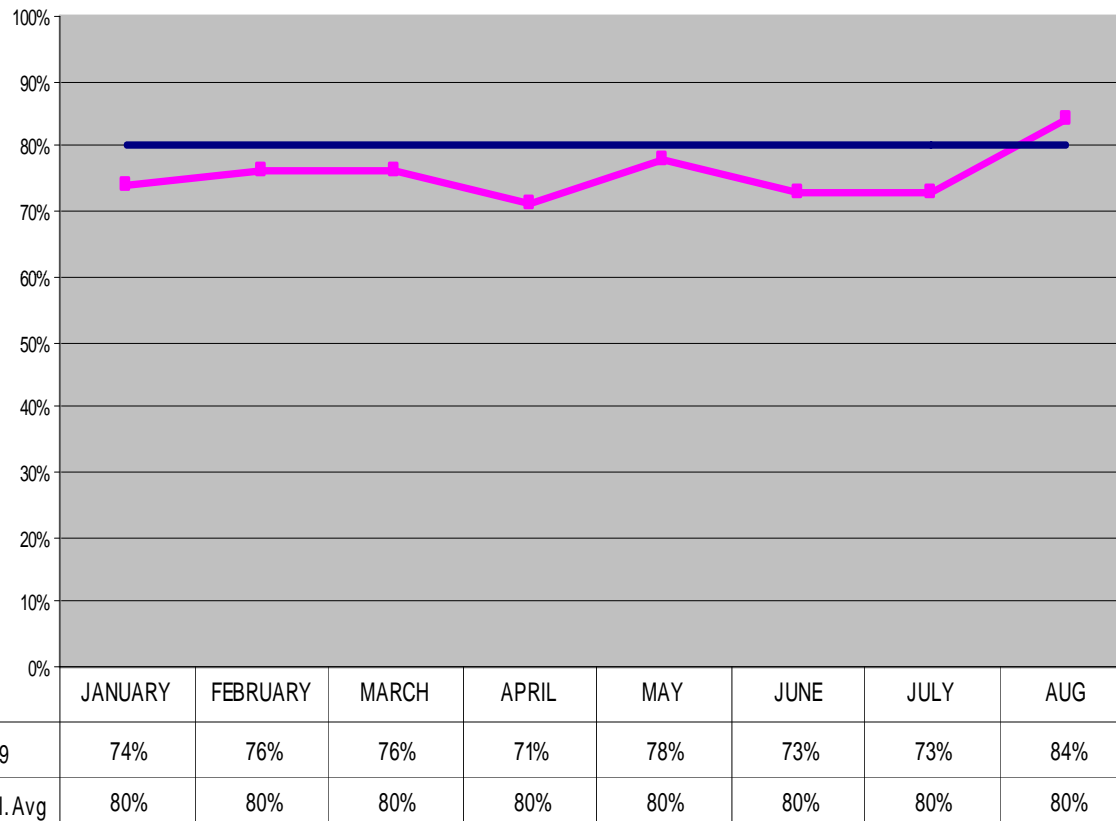


## Comments/Actions

- Consistently lower than national average
- Higher than state and NAPH member hospitals
- Continuing to work on individual questions which could improve overall rating
- Considering having staff ask patients “How did we Do” before patient discharge.

# Doctors Always Communicated Well

## January 2009 – August 2009



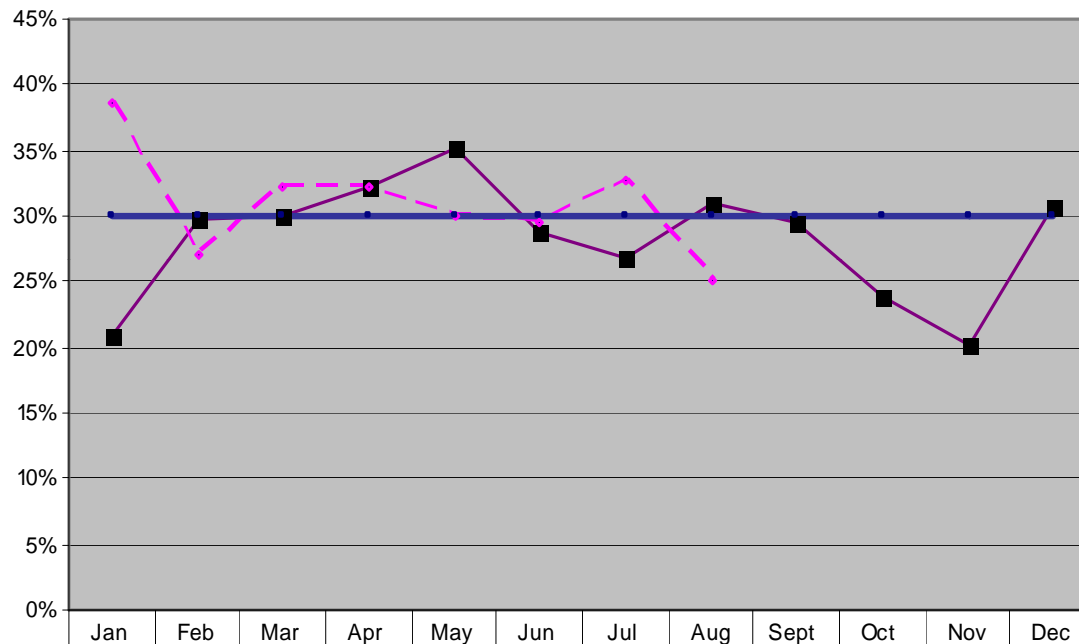
MONTHS

### Comments/Actions

- Presented data to Dept of Medicine
- Discussed patient survey comments
- All staff will attend "Beyond Patient Satisfaction" workshop Oct 2009
- Press Ganey website offers "Solutions"

# Patient Survey Response Rate Comparison

## January 2008 – August 2009



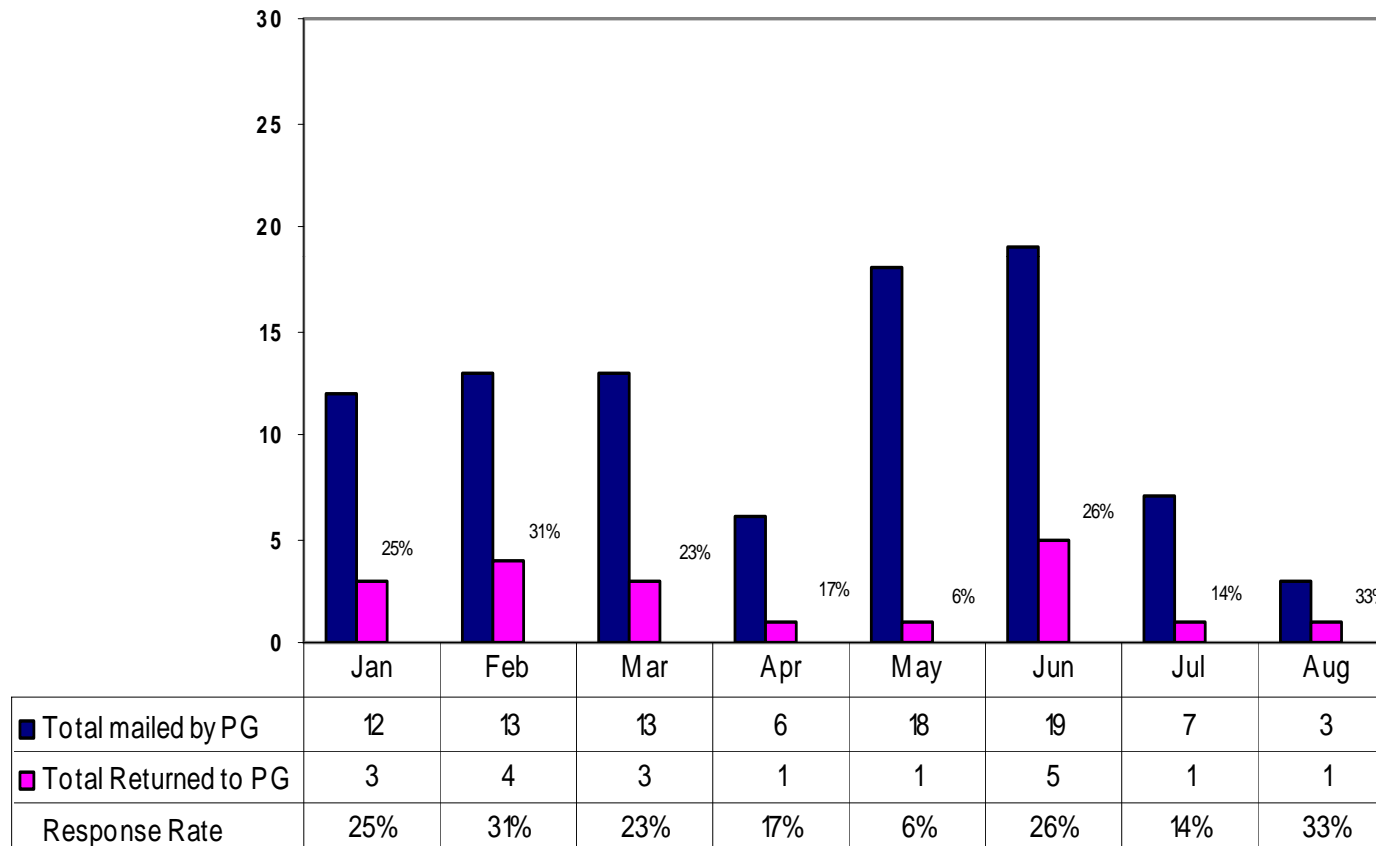
### Comments/Actions

- OFH average response rate 27%. (Nat'l avg 30%)

- Rate directly attributed to reminders by staff and patient rep

Source: Press Ganey

# Response Rates for Spanish Speaking Patients January 2009 – August 2009



## Comments/Action

- Revised Press Ganey survey "Introduction" letter to include bilingual contact info, for issues or concerns
- Talking with interpreters to determine if Press Ganey can be mentioned

# Press Ganey Survey Response Rate Comparison Wave 1 & 2 (wave 2 required by CMS)

<b>2008</b>			
	<b>Wave 1</b>	<b>Wave 2</b>	<b>RATE</b>
<b>Jan</b>	15%	5%	21%
<b>Feb</b>	19%	11%	30%
<b>Mar</b>	20%	10%	30%
<b>Apr</b>	21%	11%	32%
<b>May</b>	25%	10%	35%
<b>Jun</b>	19%	10%	29%
<b>Jul</b>	17%	10%	27%
<b>Aug</b>	19%	12%	31%
<b>Sept</b>	22%	7%	29%
<b>Oct</b>	14%	10%	24%
<b>Nov</b>	14%	6%	20%
<b>Dec</b>	20%	10%	31%

<b>2009</b>			
	<b>Wave 1</b>	<b>Wave 2</b>	<b>RATE</b>
<b>Jan</b>	24%	15%	39%
<b>Feb</b>	18%	9%	27%
<b>Mar</b>	21%	11%	32%
<b>Apr</b>	18%	15%	32%
<b>May</b>	19%	11%	30%
<b>Jun</b>	19%	11%	30%
<b>Jul</b>	18%	15%	33%
<b>Aug</b>	20%	5%	25%

# Other Staff Awards or Merits

- **Press Ganey**

- July 2009, twenty staff awarded for kindness and courtesy to patients. Used patient survey comments as data source.

*Press Ganey sent gifts **free of charge** to hospitals who won 2008 Compass Award.*

- **Public Safety Awards**

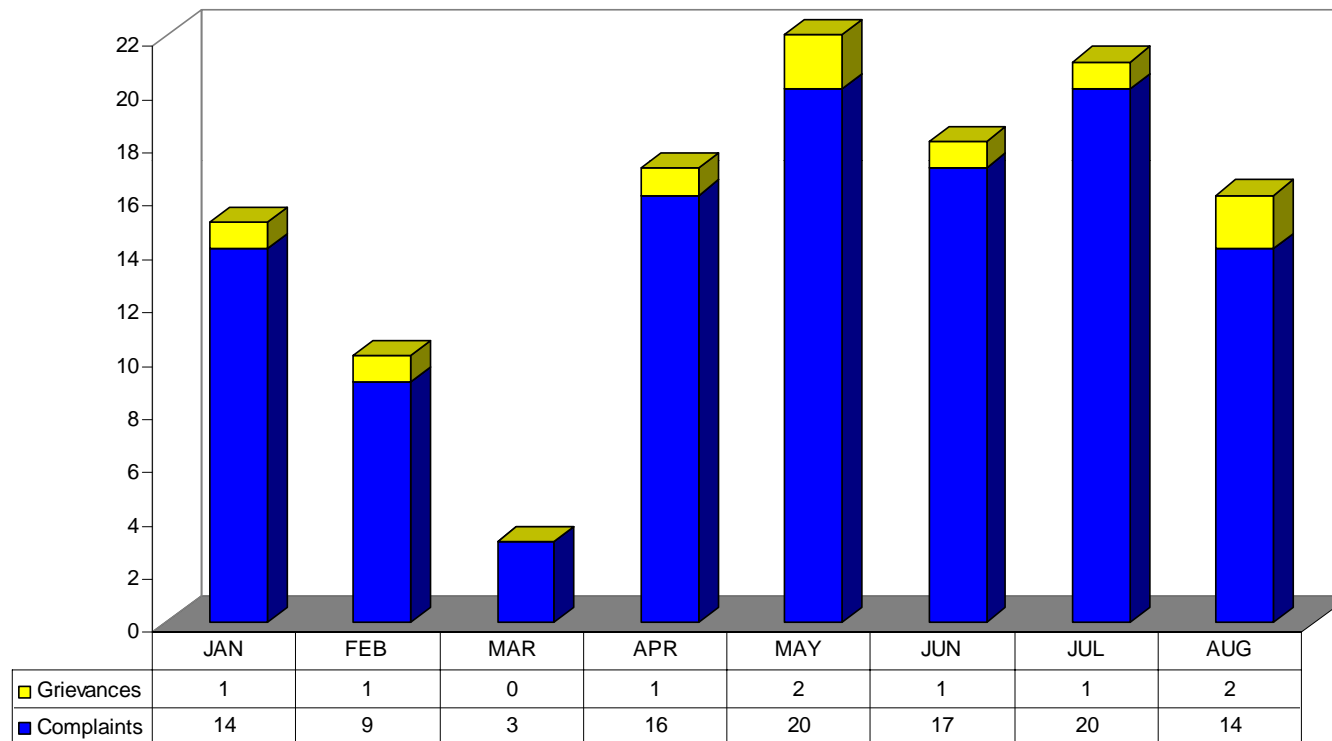
- Director, Public Safety and COO presented awards to 127 awards to twenty-nine (29) police officers and one (1) administrative assistant
- Staff awarded for actions, performance, recommendations from outside agencies/hospital staff
- Officers were awarded ribbons to wear on their uniforms



# Patient Grievances

- January thru August 2009
  - Nine (9) grievances filed
    - Two (2) patient care related
    - Seven (7) other
- PI team convened
  - Revised policy approved by Quality Council & SSM
  - Re-drafted data collection tool
  - Reviewed 7 day letter and other OFH letters of correspondence
  - Attended webinar “Patient Grievances” (Sept 09)
  - In-services for staff w/scenarios (Nov 09)
  - Policy and process to Governing Body (Nov 09)

# Complaints and Grievances FY 2009



## Comments/Actions

- All complaints are reviewed
- Of all written complaints, 2 were patient care related.
- All written or unresolved complaints processed timely.  
*(w/i 7 days and other follow-up letters, if necessary)*

# **Departmental Reports**

Rehabilitative Services  
Emergency Department

Cook County Health and Hospitals System  
Minutes of the Quality and Patient Safety Committee Meeting  
October 21, 2009

ATTACHMENT #2

## JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY



Medical Staff Appointments, Reappointments, Classification and Privilege action items subject to approval by the Cook County Health and Hospitals System Quality and Patient Safety Committee Meeting on October 21, 2009.

### INITIAL APPOINTMENTS

Beard, Glenn A., MD Appointment Effective:	Medicine/Pulmonary Critical Care October 21, 2009 thru October 20, 2011	Active Physician
Chawla, Rashmi, MD Appointment Effective:	Medicine/Pulmonary Critical Care October 21, 2009 thru October 20, 2011	Active Physician
Gamble, Tondalaya, MD Appointment Effective:	OB/Gyne October 21, 2009 thru October 20, 2011	Active Physician
Gordon, Brenda, DDS Appointment Effective:	Correctional Health Services/Dental October 21, 2009 thru October 20, 2011	Active Dentist
Hanna, Aseel, MD Appointment Effective:	Medicine/General/ACHN October 21, 2009 thru July 27, 2011	Affiliate Physician
Herndon, Karyn, MD Appointment Effective:	OB/Gyne October 21, 2009 thru October 20, 2011	Voluntary Physician
Horowitz, Russell, MD Appointment Effective:	Emergency Medicine October 21, 2009 thru October 20, 2011	Voluntary Physician
Krause, Mark, MD Appointment Effective:	Anesthesiology October 21, 2009 thru November 28, 2010	Affiliate Physician
Pina-Peguro, Paloma, MD Appointment Effective:	General/Medicine/ACHN October 21, 2009 thru October 20, 2011	Active Physician
Quezada-Gomez, Carlos, PsyD. Appointment Effective:	Correctional Health Srv/Psychiatry October 21, 2009 thru October 20, 2011	Clinical Psychologist
Seo-Lee, Alisa, MD Appointment Effective:	Medicine/General/ACHN October 21, 2009 thru October 20, 2011	Active Physician
Sefah, Angela O., MD Appointment Effective:	Medicine/General/ACHN October 21, 2009 thru October 20, 2011	Affiliate Physician
Streicher, Lauren, MD Appointment Effective:	OB/Gyne October 21, 2009 thru October 20, 2011	Voluntary Physician
Watson-Montgomery, Melanie, DDS Appointment Effective:	Correctional Health Srv./Dental October 21, 2009 thru October 20, 2011	Voluntary Dentist

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**John H. Stroger, Jr. Hospital of Cook County (cont'd)**

**REAPPOINTMENT APPLICATIONS**

**Department of Anesthesiology**

Konefal, Tadeusz, MD	Clinical Adult Anesthesia	Active Physician
Reappointment Effective:	November 15, 2009 thru November 14, 2011	

**Department of Correctional Health Services**

DeFuniak, Andrew, MD	Correctional Health Srv./Fam Med	Active Physician
Reappointment Effective:	November 18, 2009 thru November 17, 2011	
Mills, Matthew A., MD	Correctional Health Srv./Psychiatry	Voluntary Physician
Reappointment Effective:	November 20, 2009 thru November 19, 2011	

**Department of Medicine**

Brannegan, Richard, MD	Neurology	Active Physician
Reappointment Effective:	November 18, 2009 thru November 17, 2011	
Brahmbhatt, Manish D., MD	General Medicine	Active Physician
Reappointment Effective:	November 20, 2009 thru November 19, 2011	
Demetria, Melchor V., MD	Gastroenterology	Active Physician
Reappointment Effective:	November 15, 2009 thru November 17, 2011	
Lenhardt, Richard, MD	Pulmonary/Critical Care	Active Physician
Reappointment Effective:	November 18, 2009 thru May 25, 2011	
Singh, Anshu, MD	General Medicine	Active Physician
Reappointment Effective:	November 20, 2009 thru November 17, 2011	
Vettiankal, Gijo G., MD	Gastroenterology	Active Physician
Reappointment Effective:	November 18, 2009 thru November 17, 2011	
Yoder, Mark A., MD	Pulmonary/Critical Care	Voluntary Physician
Reappointment Effective:	November 15, 2009 thru November 14, 2011	

**Department of Pathology**

Niklinski, Waldemar, MD	Anatomic Pathology	Active Physician
Reappointment Effective:	November 20, 2009 thru November 19, 2011	


**Department of Pediatrics**

Echiverri, Susan, MD	Pediatrics Genetics	Active Physician
Reappointment Effective:	November 13, 2009 thru November 12, 2011	
Fujara, Majorie, MD	Child Protective Services	Active Physician
Reappointment Effective:	November 16, 2009 thru November 15, 2011	

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**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**  
**Department of Pediatrics (cont'd)**

Henry-Reid, Lisa, MD	Adolescent Medicine	Active Physician
Reappointment Effective:	November 16, 2009 thru November 15, 2011	

Kangethe, Francis, MD	Peds Emergency	Active Physician
Reappointment Effective:	October 21, 2009 thru October 20, 2011	

**Department of Psychiatry**

Arenas, Virgilio, MD	Psychiatry/Core	Voluntary Physician
Reappointment Effective:	October 21, 2009 thru October 20, 2011	

**Department of Surgery**

Garapati, Rajeev, MD	Orthopaedic Surgery	Voluntary Physician
Reappointment Effective:	October 21, 2009 thru October 20, 2011	

Grevious, Mark, MD	Plastic Surgery	Active Physician
Reappointment Effective:	November 13, 2009 thru April 27, 2011	

Perez-Tamayo, Ruheri, MD	Cardiothoracic/Surgical CC	Active Physician
Reappointment Effective:	November 16, 2009 thru November 15, 2011	

Sutton, Robin, CCO	Cardiothoracic	Perfusionist
Reappointment Effective:	November 17, 2009 thru November 16, 2011	

**Department of Trauma**

Clar, Steve, MD	Physical Med/Rehab	Active Physician
Reappointment Effective:	October 21, 2009 through October 20, 2011	

**Additional Clinical Privileges Request**

Blumetti, Jennifer, MD	Colon/Rectal Surgery
Additional privileges in General Surgery	

**Mid Level Practitioner Reappointments:**

Boyd, Dawn T., CNP	Correctional Health Services	Nurse Practitioner
Reappointment Effective:	November 20, 2009 thru November 19, 2011	

Darang-Coleman, Michelle M., CNP	Medicine	Nurse Practitioner
Reappointment Effective:	October 21, 2009 through October 20, 2011	


Fowler, Nancy C., CNP	Correctional Health Services	Nurse Practitioner
Reappointment Effective:	November 20, 2009 thru November 19, 2011	

Holden, M. C., PA-C	Medicine	Physician Assistant
Reappointment Effective:	October 21, 2009 through October 20, 2011	

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**Mid Level Practitioner Reappointments (cont'd):**

Kanumury, Ratna P., PA-C Reappointment Effective:	Medicine October 21, 2009 through October 20, 2011	Physician Assistant
Schoen, Alison M., PA-C Reappointment Effective:	Correctional Health Services November 20, 2009 thru November 19, 2011	Physician Assistant
Trammell, Glen D. PA-C Reappointment Effective:	Correctional Health Services November 20, 2009 thru November 19, 2011	Physician Assistant

**Additional Clinical Privileges**

Mc Lean, Mary G., CNP With Mark A. Grevious, MD	Surgery	Nurse Practitioner
Mc Lean, Mary G., CNP With James B. Kapotas, MD	Surgery	Nurse Practitioner

**Change in Privileges**

Bonilla, Amy L., PA-C With Concetta C. Mennella, MD	Correctional Health Services	Physician Assistant
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**Medical Staff Appointments From Provisional to Full Status**

Katz, Ariel, MD	Medicine/General Med/Hospital	Active Physician
Siwy, Grazyn C., MD	Medicine/General Med/ACHN	Active Physician
Tote, Robert, MD	Medicine/General Medicine	Affiliate Physician
Zehra, Tharanum, MD	Medicine/General Medicine	Active Physician



## **PROVIDENT HOSPITAL OF COOK COUNTY**

### **INITIAL APPOINTMENTS**

Elmosa, Steve, DO	Emergency Medicine	Affiliate Physician
Appointment Effective:	October 21, 2009 through October 20, 2011	
Gamble, Tondalaya, MD	Obstetrics/Gynecology	Affiliate Physician
Appointment Effective:	October 21, 2009 through October 20, 2011	
Hurt, Kiki L., MD	Critical Care	Ancillary Physician
Appointment Effective:	October 21, 2009 through October 20, 2011	
Shafiei, Shams, MD	Critical Care	Affiliate Physician
Appointment Effective:	October 21, 2009 through February 23, 2011	
Tulaimat, Aiman, MD	Internal Medicine/Pulmonary	Affiliate Physician
	Critical Care	
Appointment Effective:	October 21, 2009 through October 20, 2011	

### **REAPPOINTMENT APPLICATIONS**

#### **Department of Internal Medicine**

Sweetner, Jonnelle C., MD	Internal Medicine	Active Physician
Reappointment Effective:	November 16, 2009 through November 15, 2011	

### **ADDITIONAL PRIVILEGES**

Patel, Aiub, MD	Critical Care Medicine	Affiliate Physician
Additional Privileges in Internal Medicine/Pulmonary		

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## **OAK FOREST HOSPITAL OF COOK COUNTY**

### **MID-LEVEL PRACTITIONER APPOINTMENT**

<b><u>Name</u></b>	<b><u>Department</u></b>	<b><u>Status</u></b>
Cunningham, Cory, PA-C Appointment effective:	Emergency October 21, 2009	Physician Assistant through October 20, 2011

### **MEDICAL STAFF REAPPOINTMENTS**

Flores, Jose, MD Reappointment effective:	Medicine October 21, 2009	Active Physician through October 20, 2011
Pacheco, Marilyn, MD Reappointment effective:	Rehab Medicine October 21, 2009	Active Physician through February 24, 2011
Kamysz, Jeffery, MD Reappointment effective:	Pathology October 21, 2009	Visiting Consultant through October 20, 2011
McShane, Maureen, DPM Reappointment effective:	Surgery/Podiatry October 21, 2009	Visiting Consultant through April 27, 2011

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